



California's Winnable Battle:
 Finish the Fight Against Tobacco
www.facebook.com/FightTobacco
 Photo Contest

Contestant Release Form

Contestants must review, complete, sign, and submit this form with their photo submission entry to be considered. Each contestant must submit one release form only. Please clearly indicate the category assigned to each photo entry.

Full Name (first and last name)	
Age (Contestants must at least 13 years of age to participate. Contestants under the age of 18 must have a parent/guardian co-sign this release form.)	
Address	
City, State and Zip Code	
Primary Phone Number	
Email Address	
Check the category(-ies) that you're submitting a photo. * <i>There is a limit of 3 photos per category. Also contestants must identify and assign each photo to a specific category during submission.</i>	<input type="checkbox"/> Predatory Advertising & Marketing #_____ of Photos <input type="checkbox"/> Secondhand Smoke #_____ of Photos <input type="checkbox"/> Cigarette Butt Litter #_____ of Photos <input type="checkbox"/> "What's Wrong With This Picture?" #_____ of Photos
How did you hear about the contest?	

Photo Contest eligibility requirements:

1. Contestants must be at least 13 years of age and a California resident to participate. Contestants under the age of 18 must have a parent/guardian co-sign the Contestant Release Form.
2. Submissions will occur from September 2, 2014 through October 31, 2014; all photos must be submitted by 11:59 Pacific Standard Time (PST). Photo submissions and the completed Contestant Release Form must be emailed to FightTobacco@cdph.ca.gov. Alternatively, contestants may fax the Contestant Release Form to (916) 449-5517. Submissions without a completed Contestant Release Form will be disqualified.
3. The person submitting the photo will be considered the contestant and the only person eligible for the prize. In order to be eligible to win the prize, you must provide accurate and complete information on the Contestant Release Form.

4. The following individuals are not eligible to enter the contest: California Tobacco Control Program employees or family members; professional photographers or advertisers; and any affiliates of the tobacco industry.
5. When a photo is submitted for entry into the contest, the contestant's full name and location will be publicly identified. (E.g. CDPH webpage, contest Flickr page.)

Contestant Release:

I understand the submission will remain the sole and exclusive product of the California Department of Public Health from the date written by the contestant on this release and will remain the sole and exclusive product of the California Department of Public Health indefinitely. The submission of all photos shall be the exclusive property of the California Department of Public Health and may be edited, altered or used in any manner whatsoever, in any medium, for any time as deemed necessary by the California Department of Public Health. I also affirm that all people and/or business names shown in the photo(s) submitted have agreed to be photographed and that said photograph and their likeness may be submitted to the Photo Contest.

In granting these rights, I understand and I hereby hold the California Department of Public Health, its agencies, and their respective affiliates, officers, directors, agents, co-branders, or other partners, and any of their employees (collectively, the "Indemnities"), harmless from any and all claims, damages, expenses, costs (including reasonable attorneys' fees and costs of suit, including, but not limited to, experts costs through appeal), and liabilities (including settlements), brought or asserted by any third party against any of the Indemnities due to or arising out of the contestant's submission, or the contestant's conduct in creating a submission or otherwise in connection with this contest, including but not limited to claims for trademark infringement; copyright infringement; violation of an individual's right of publicity or right of privacy; or defamation. Contestant further agrees to release the California Department of Public Health from any and all claims that any advertising subsequently produced, presented, and/or prepared by or on behalf of the California Department of Public Health infringes contestant's rights with regard to any elements, characters or ideas contained in any submission.

By completing and e-mailing this consent form, I, the undersigned Contestant, agree that I have read the *California's Winnable Battle: Finish the Fight Against Tobacco* Photo Contest Official Rules and Requirements and agree to all conditions of entry and other specifications as detailed.

The term on this authorization shall commence on this date and continue indefinitely.

Contestant Name: _____ Date: _____

If signatory is less than 18 years of age, the parent or legal guardian of signatory must sign below:

I am the parent and legal guardian of _____, and of hereby consent and grant my permission to all of the foregoing.

Parent/Guardian Name: _____

Parent/Guardian Address: _____

Parent/Guardian Phone: _____

Parent/Guardian Email: _____